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Heart Failure and Cardiomyopathies

REVISITING INTRAVENOUS INOTROPES: ARE THEY AS BAD AS WE THOUGHT IN REMATCH

Poster Contributions

Poster Hall B1

Monday, March 16, 2015, 9:45 a.m.-10:30 a.m.

Session Title: Moving Towards Better Management of Heart Failure

Abstract Category: 14. Heart Failure and Cardiomyopathies: Clinical

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Background: In the 2001 Randomized Evaluation of Mechanical Assistance for the Treatment of CHF (REMATCH) trial a 48% decrease in all-cause mortality was seen in patients (pts) randomized to the HeartMate-VE vs. medical therapy (including inotropes). As a result, outpatient IV inotrope infusions have been regarded as risky and ineffective. Hypothesis: Due to advances in medical therapy and the widespread use of ICDs, it was hypothesized that patients treated with IV inotropes may have an improved survival as compared to the original REMATCH medical cohort.

Methods: A retrospective chart review identified 64 NYHA class 4 pts who were treated with IV inotropes from 2008 to 2014. 9 pts were excluded from the analysis due to lack of data. All pts were receiving optimal medical therapy prior to initiation of milrinone. The primary endpoint was 6, 9, and 12-month survival. Number of hospitalizations was a secondary endpoint. Pts were followed from onset of inotropic support until death with censoring at transplant or last follow up. Actuarial analysis was performed at specified time points. Treatment group survival was compared to REMATCH medical arm survival.

Results: 55 subjects with a mean age of 72 ± 10 were included. 78% were male. The mean LVEF was 0.17 ± 0.06 . 6-month survival in the treatment group was 65% vs. 45% in the REMATCH-medical arm ($p < 0.001$). 9 and 12-month survival was 64% and 58%, respectively vs. 35% and 23% in REMATCH ($p < 0.001$). Median follow-up was 5 months. More than 50% of pts were not hospitalized during follow-up.

Conclusion: This analysis demonstrated a statistically higher survival rate and fewer hospitalizations in inotrope-dependent pts vs. historical data. Further assessment of the role of palliative inotropic therapy in class 4 HF patients is warranted. Additional information is needed regarding the frequency of ICD discharges.